

VERIZON

9-1-1 ALI Discrepancy Form

Originated by: _____

Name: _____

PSAP Name: _____ Date: _____

County: _____ Time: _____

<input type="checkbox"/> Incorrect Name	<input type="checkbox"/> Incorrect House #	<input type="checkbox"/> Incorrect Street
<input type="checkbox"/> Incorrect Community	<input type="checkbox"/> Incorrect Location	<input type="checkbox"/> Incorrect ESN
<input type="checkbox"/> Misrouted Call	<input type="checkbox"/> Record Not Found	<input type="checkbox"/> *Other

* If Other explain: _____

ALI Screen Display **	Display Should Read
Telephone #:	Telephone #:
Name:	Name:
Address:	Address:
Community:	Community:
Location:	Location:
ESN:	ESN:
Other:	Other:
<p>** Attach printout of ALI Screen if desired. Source of Correction: _____</p>	

Municipal Database Liaison (signature): _____

DATE: _____

This section for Verizon Only: CONTROL # _____

ALI Database Corrected Date: _____ By: _____

Remarks: _____

**FAX completed form to Verizon 9-1-1 Database Management
1-800-839-6020**